



2015 WELLNESS EXAM CERTIFICATION

Date: _____

Patient's Printed Name: _____

This certifies that the above-named patient was seen in this office on _____ for a Wellness Exam to include screenings for:
Date

Place a check mark in the box to the left of each screening to indicate testing was performed. **Please do not include test results.**

<input type="checkbox"/>	Blood Glucose
<input type="checkbox"/>	Blood Pressure
<input type="checkbox"/>	Body Mass Index
<input type="checkbox"/>	Cholesterol
<input type="checkbox"/>	Triglycerides

Printed Name of Physician or Facility

Address

Phone Number

Signature of Physician or Designee

******Return the completed form to Botetourt County Human Resources******
Email: HR@botetourtva.gov Fax: 540-473-8207



Form Instructions

The employee's medical insurance plan through MedCost allows for one Wellness/Preventative Exam per plan year. An exam does not need to be scheduled a year from previous exam.

(Plan year: 12/1/2014-11/30/2015)

1. Schedule an appointment (At least 60 days before Wellness Program Deadline: 8/31/2015) with your (In-Network) provider for a Wellness Exam (verify that the appointment was scheduled as a "Wellness Visit" and ask if there are any prep instructions...I.E. fasting, etc.)
2. Print a copy of the Wellness Exam Certification Form (WEC2015) located at: www.botetourtva.gov/insurance/ This is the only form that will be accepted for the 2015 Wellness Exam
3. Take printed form to Wellness Exam appointment
4. Give the Wellness Certification Form (WEC2015) to your Physician for completion (All testing (Blood Glucose, Blood Pressure, BMI, Cholesterol and Triglycerides) must be completed in order for the Wellness Exam Certification Form to be considered complete)
5. Verify with Physician that appointment will be coded as "Wellness"
6. Keep a copy of the completed Wellness Exam Certification Form (WEC2015) for your records.
7. Return Wellness Exam Certification Form (WEC2015) to Botetourt County Human Resources by: 8/31/2015

******Please Note******

**It is the employees' responsibility to understand and adhere to Wellness Program instructions/guidelines as listed herein.
Under no exception will the deadline dates listed herein be changed.**

Contact Human Resources with any questions you may have regarding the 2015 Wellness Program. Email: HR@botetourtva.gov